

FILED NOV 20 1957

STANDARD CERTIFICATE OF DEATH

40284

STATE FILE NUMBER

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5085

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY				c. CITY MISSOURI OR TOWN KANSAS CITY			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3212 E. 20th St.				d. STREET ADDRESS (If outside, give location) 3212 E. 20th St.			
3. NAME OF DECEASED (Type or print) First ANDRE Middle MONROE Last DAVIS				4. DATE OF DEATH Month October Day 29 Year 1957			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 24, 1955	
9. AGE (In years last birthday) 2 yrs		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kans. City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child				11. BIRTHPLACE (City and state or country) Kans. City, Mo.			
13. FATHER'S NAME George M. Davis				14. MOTHER'S MAIDEN NAME Dorothy Mason			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. None		17. INFORMANT Dorothy Davis Address 3212 E. 20th St. Mother	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Chronic Bronchitis (b) Anemia (c) Cerebral Palsy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 351X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ V Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE: Deputy Coroner				22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 11/31/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		Nov. 2, 1957		Highland		Kans. City, Missouri	
24. FUNERAL DIRECTOR Watkins Brothers Funeral Home 18th & Benton				25. DATE RECD. BY LOCAL REG. 11-1-57		26. REGISTRAR'S SIGNATURE Reva Marshall	

STATEMENT BY LICENSED EMBALMER



I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*

Licensed Embalmer No. *45*

P. O. Address *16th & B*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.